

Mental Health Service Utilization Children/Youth in the Child Welfare System

Child Welfare Council
March 1, 2017
Santa Ana, CA

California Department of Social Services
California Department of Health Care
Services

Background

- To inform efforts to improve mental health services for children in the Child Welfare System (CWS) the CDSS and DHCS have collaborated to produce two reports:
 - CDSS produces a “**Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System.**” The quarterly reports supplement the annual Performance Outcomes System reports (POS).
 - DHCS produces an annual **Performance Outcomes System** report detailing mental health service utilization for all children in the Medical system as well as specifically for children in the CWS.
- The reports seek to answer the questions:
 1. How many children/youth in the CWS are receiving mental health services?
 2. What is the nature of these services?

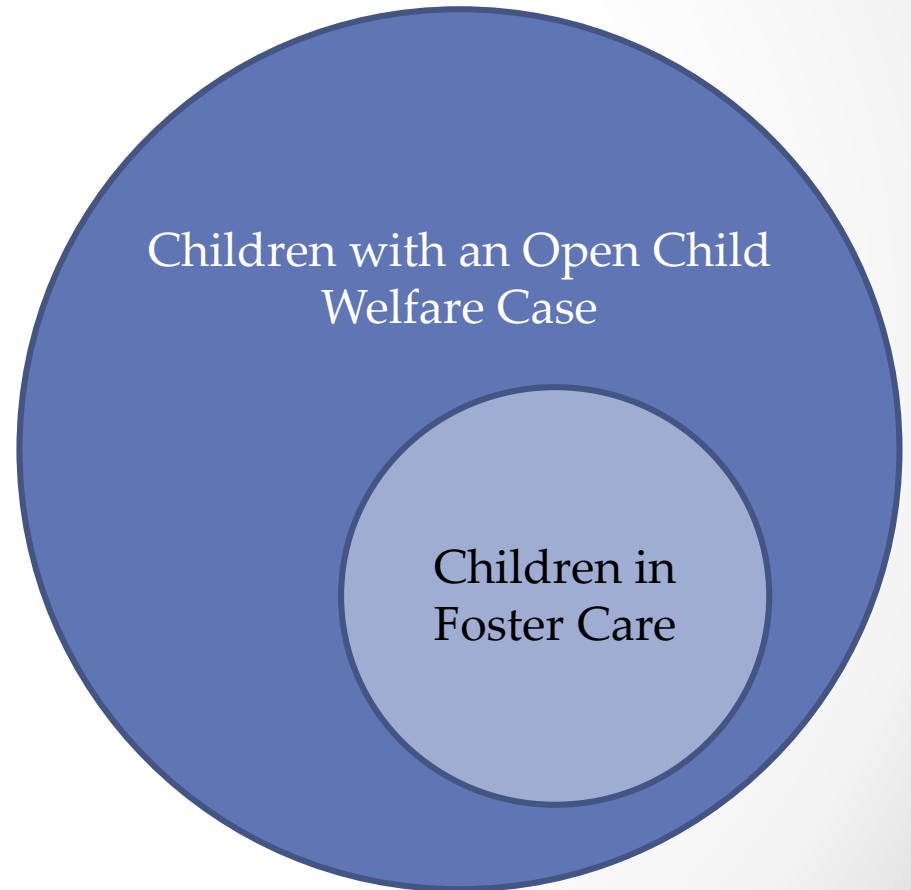
Methods

- Data from the CWS/CMS for children in the CWS and children in the Department of Health Care Services' (DHCS) MIS/DSS were matched. The process for the match involved using a probabilistic, multi-step, multi-method algorithm of exact and inexact matches based on a combination of name, social security number, and date of birth records between the two systems.
- All children with an open child welfare case between **July 1, 2014 to June 30, 2015 (State Fiscal Year; SFY 2014-15)** were included in the analysis. **Medi-Cal claims for Specialty Mental Health Services** during this time period were analyzed.
- Data includes:
 - “penetration rates” defined as one or more SMHS
 - “engagement rates” defined as 5 or more SMHS.

Methods

Analyses were conducted for:

1. Children with an open Child Welfare Case
2. Children in foster care



Main Findings

- Children with an Open Case:
 - 135,823 children had an open child welfare case
 - **41.7%** (56,612) had 1+ SMHS claims
 - Of these children, **73.5%** (41,635) had **five or more** days of SMHS claims.
- Children in Foster Care:
 - 88,187 children were in foster care at some point
 - **47.2%** (41,667) had 1+ SMHS claims
 - Of these children, **74.8 %** (31,154) had **five or more** days of SMHS claims.

Findings: Specialty Mental Health Service Utilization SFY 2014-15

	Unique Count of Children	Children with One or More SMHS	Percent
Children with Open Cases	135,823	56,612	41.7%
Children in Foster Care	88,187	41,667	47.2%
¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.			

Children/Youth with an Open Child Welfare Case

Children/Youth with an Open Child Welfare Case

Age Breakouts SFY 2014-15

Child Age ²	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	27,317	20.1%	5,535	20.3%	2,735	10.0%
3-5	23,482	17.3%	8,567	36.5%	5,700	24.3%
6-11	37,107	27.3%	18,754	50.5%	14,139	38.1%
12-17	34,419	25.3%	19,710	57.3%	15,804	45.9%
18-20	13,498	9.9%	4,046	30.0%	3,257	24.1%
Total	135,823	100%	56,612	41.7%	41,635	30.7%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² Child age was calculated as of the last date of service for those with a SMHS claim, and as of the latest Medi-Cal eligibility month for those without a SMHS claim.

Non-SMHS provided through non-EPSDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Age Breakouts

- The POS age grouping of 0-5 year olds was split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3.
- Children/youth age 6-11 and age 12-17 had the highest penetration rates while children age 0-2 had the lowest penetration rates.

Children/Youth with an Open Child Welfare Case

Race/Ethnicity Breakouts SFY 2014-15

Race/ Ethnicity ²	Total # of Children	Percent by Race/ Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	26,574	19.6%	11,928	44.9%	9,099	34.2%
White	28,087	20.7%	11,191	39.8%	8,276	29.5%
Latino/ Hispanic	75,933	55.9%	31,634	41.7%	22,911	30.2%
Asian	3,301	2.4%	1,251	37.9%	922	27.9%
Native American	1,512	1.1%	533	35.3%	375	24.8%
Missing	416	0.3%	75	18.0%	52	12.5%
Total	135,823	100%	56,612	41.8%	41,583	30.7%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category. Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Race/Ethnicity Breakouts

- The percentage of children who had one or more days of SMHS claims did not differ greatly by ethnicity.
- The race/ethnicity estimates differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.

Children/Youth with an Open Child Welfare Case

Specialty Mental Health Service by Type SFY 2014-15

SMHS Types ²	# of Children with an Open Case with One or More SMHS ³ (56,612)	% of Children with One or More SMHS
Mental Health Services (MHS)	54,920	97.0%
Case Management	23,630	41.7%
Medication Support	13,531	23.9%
Intensive Case Coordination (ICC)	9,132	16.1%
Intensive Home Based Services	7,005	12.4%
Crisis Intervention	3,526	6.2%
Therapeutic Behavioral Services (TBS)	3,023	5.3%
Inpatient	2,071	3.7%
Crisis Stabilization	1,878	3.3%
Day Rehabilitation	768	1.4%
Day Treatment	393	0.7%
Psychiatric Health Facility (PHF)	144	0.3%
Crisis Residential	61	0.1%
Adult Residential	12	0.0%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

³ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Specialty Mental Health Service Type

- **97.0%** of the 56,612 children who received SMHS received a **Mental Health Services** service type. 41.7% received Case Management, 23.9% received Medication Support Services.
 - **Mental Health Services** (recently renamed: Therapy and Other Service Activities) are defined as Individual or group therapies and interventions that are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency and include
 1. Assessment
 2. Plan Development
 3. Therapy
 4. Rehabilitation
 5. Collateral
- [See: Specialty Mental Health Services Budget Supplement:
http://www.dhcs.ca.gov/services/MH/Documents/SMHS%20Budget/SMHSNovemberEstimate_PCSupplement_FY16-17and17-18.pdf](http://www.dhcs.ca.gov/services/MH/Documents/SMHS%20Budget/SMHSNovemberEstimate_PCSupplement_FY16-17and17-18.pdf)

Children/Youth in Foster Care

Children/Youth in Foster Care

Age Breakouts SFY 2014-15

Child Age ²	Total # of Children	Children with 1+ Days of SMHS	Percent by Age	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	17,574	4,306	10.3%	24.5%	2,206	12.6%
3-5	14,286	6,190	14.9%	43.3%	4,220	29.5%
6-11	21,235	12,778	30.7%	60.2%	9,855	46.4%
12-17	23,424	14,829	35.6%	63.3%	12,004	51.3%
18-20	11,668	3,564	8.6%	30.5%	2,869	24.6%
Total	88,187	41,667	100%	47.2%	31,154	35.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² Child age was calculated as of the last date of service for those with a SMHS claim, and as of the latest Medi-Cal eligibility month for those without a SMHS claim.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Age Breakouts

- The POS age grouping of 0-5 year olds was split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3.
- As with the overall population of children with an open case, children in foster care age 6-11 and age 12-17 had the highest penetration rates while children age 0-2 had the lowest penetration rates.

Children/Youth in Foster Care

Race/Ethnicity Breakouts SFY 2014-15

Race/ Ethnicity ²	Total # of Children	Percent by Race/ Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	18,736	21.3%	9,587	51.2%	7,440	39.7%
White	20,322	23.0%	9,050	44.5%	6,730	33.1%
Latino/ Hispanic	45,904	52.1%	21,637	47.1%	15,988	34.8%
Asian	1,938	2.2%	874	45.1%	651	33.6%
Native American	1,105	1.3%	426	38.6%	307	27.8%
Missing	182	0.2%	93	51.1%	38	20.9%
Total	88,187	100%	41,667	47.2%	31,154	35.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-EPSDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Race/Ethnicity Breakouts

- The percentage of children who had one or more days of SMHS claims did not differ greatly by ethnicity.
- The race/ethnicity estimates differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.

Children/Youth in Foster Care

Specialty Mental Health Service Type SFY 2014-15

SMHS Types ²	# of Children with One or More SMHS while in Foster Care ³ (41,667)	% of Children with One or More SMHS
Mental Health Services (MHS)	40,193	96.5%
Case Management	17,519	42.1%
Medication Support	11,180	26.8%
Intensive Case Coordination (ICC)	6,784	16.3%
Intensive Home Based Services	4,875	11.7%
Crisis Intervention	2,679	6.4%
Therapeutic Behavioral Services (TBS)	2,475	5.9%
Inpatient	1,530	3.7%
Crisis Stabilization	1,481	3.6%
Day Rehabilitation	750	1.8%
Day Treatment	356	0.9%
Psychiatric Health Facility (PHF)	124	0.3%
Crisis Residential	45	0.1%
Adult Residential	*	*

¹Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

³ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types.

Values of 10 or under are suppressed.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Specialty Mental Health Service Type

- 96.5% of the 41,667 children who received SMHS received a Mental Health Services service type.
- A large percentage of children received
 - Case Management services (42.1%) and
 - Medication Support Services (26.8%).

Children/Youth in Foster Care

Placement Type Breakout SFY 2014-15

Placement Type ²	Children in Foster Care	# of Children with One or More SMHS while in Foster Care	Penetration Rate
Group Home	9,175	6,680	72.8%
County Shelter/Receiving Home	342	249	72.8%
Foster Family Agency Certified Home	21,678	12,273	56.6%
Foster Family Home	6,552	3,915	59.8%
Relative/NREFM Home	28,617	14,356	50.2%
Guardian Home	2,485	815	32.8%
Court Specified Home	404	117	29.0%
Pre-Adoptive	9,333	1,018	10.9%
Supervised Independent Living Placement	5,690	911	16.0%
Non-Foster Care	1,367	624	45.6%
Missing	746	709	95.0%
Received SMHS while in Foster Care at Some Point During Time Period	86,389	41,667	
In Foster Care at Some Point During Time Period but Received SMHS While In Home	1,798		
Total	88,187	41,667	47.2%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

² Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.

Non-SMHS provided through non-EPSTDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Placement Type Breakout

- A higher proportion of children in group homes received SMHS (72.8%) than children in other placements.
- More than half of children placed in foster family homes received one or more SMHS during this time period.

Note: The 41,667 count excludes children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,798 children received their SMHS while they were in their homes

Children/Youth in Foster Care

Length of Stay Breakout SFY 2014-15

Length of Stay in Foster Care ²	Total # of Children	Percent	Children with 1+ Days of SMHS	Penetration Rate
0-6 Months	21,375	24.2%	9,392	43.9%
7-12 Months	16,652	18.9%	9,430	56.6%
13-24 Months	22,314	25.3%	10,428	46.7%
25-36 Months	10,476	11.9%	4,674	44.6%
37-48 Months	5,320	6.0%	2,472	46.5%
49-60 Months	3,105	3.5%	1,390	44.8%
61-120 Months	5,764	6.5%	2,612	45.3%
121 Months or More	3,181	3.6%	1,269	39.9%
Total	88,187	100%	41,667	47.2%

¹ Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

²Length of stay is calculated from the start of the most recent foster care episode through the end of the episode or end of the review period (June 30, 2015) if the episode did not end.

Non-SMHS provided through non-EPSDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Length of Stay Breakout

- In general, children residing in out-of-home care for different time periods had similar SMHS penetration rates.

Children/Youth in Foster Care

Psychotropic Medication and Utilization

SFY 2014-15

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ³	# of Children with One or More SMHS	Penetration Rate
All Psychotropic	10,558	8,722	82.6%
Antipsychotic ⁴	4,334	3,691	85.2%
Other Psychotropic ⁵	6,224	5,031	80.8%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract

³ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Children who received at least one paid claim for an antipsychotic medication.

⁵ Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Psychotropic Medication Utilization

- Medication claims were paid for 10,558 children and youth in foster care. Of these children, 8,722 (**82.6%**) also had a claim for a SMHS during the same time period.
 - 4,334 children received at least one paid claim for an antipsychotic medication,
 - the remaining 6,224 children received a paid claim for other drug classes of psychotropic other than antipsychotic.
- **85.2%** of children with claims for antipsychotic medications received SMHS while **80.8% of** children with other psychotropic medications received SMHS.

Children/Youth in Foster Care Psychotropic Medication and Timeliness of SMHS SFY 2014-15

Number of Days	# of Children ¹ with a Paid Claim for Psychotropic Medication with One or More SMHS	Percent
30 days or less	8,429	96.6%
31-60 days	103	1.2%
61-90 days	62	0.7%
91-120 days	35	0.4%
121-365 days	93	1.1%
Total	8,722	100.0%

¹Unduplicated children ages 0-17 were included.

²Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract

³Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Psychotropic Medication and Timeliness of SMHS

- The majority of children who had a claim for both a psychotropic medication and a SMHS had a SMHS claim submitted within 30 days of their psychotropic medication claim (96.6 %).

In Sum

- In SFY 2014-15, **41.7%** of children with an open child welfare case and 47.2% of children in foster care had a SMHS.
- Of the children who received a SMHS, the majority (**73.5%**) received 5 or more days of services.
- Children ages 6-17 had higher penetration rates than children of other age groups.
- Penetration rates were similar across race/ethnicity.
- Children in group homes had higher penetration rates than children in other placements.
- The majority of children with a paid claim for a psychotropic medication also had a SMHS within 30 days of the medication claim.

Mental Health Service Utilization Children/Youth in the Child Welfare System II

Child Welfare Council
March 1, 2017
Santa Ana, CA

California Department of Health Care
Services
California Department of Social Services

Background

- To meet part of the legislative mandates for the Performance Outcomes System, DHCS, produces yearly reports on children and youth under the age of 21, who are Medi-Cal eligible, and who are receiving Specialty Mental Health Services
- New indicators are added to the reports at each reporting period
- New populations of interest, namely Open Child Welfare Case Children/Youth and Foster Care Children/Youth, have been incorporated as well as a result of the collaboration between CDSS and DHCS and the data-sharing agreement between the two.

Background

Welfare & Institutions Code, Section 14707.5

- (2) In developing a plan for a performance outcomes system for EPSDT mental health services, the department shall consider the following objectives, among others:
 - (A) High quality and accessible EPSDT mental health services for eligible children and youth, consistent with federal law.
 - (B) Information that improves practice at the individual, program, and system levels.
 - (C) Minimization of costs by building upon existing resources to the fullest extent possible.
 - (D) Reliable data that are collected and analyzed in a timely fashion.

Methods

Analyses conducted for:

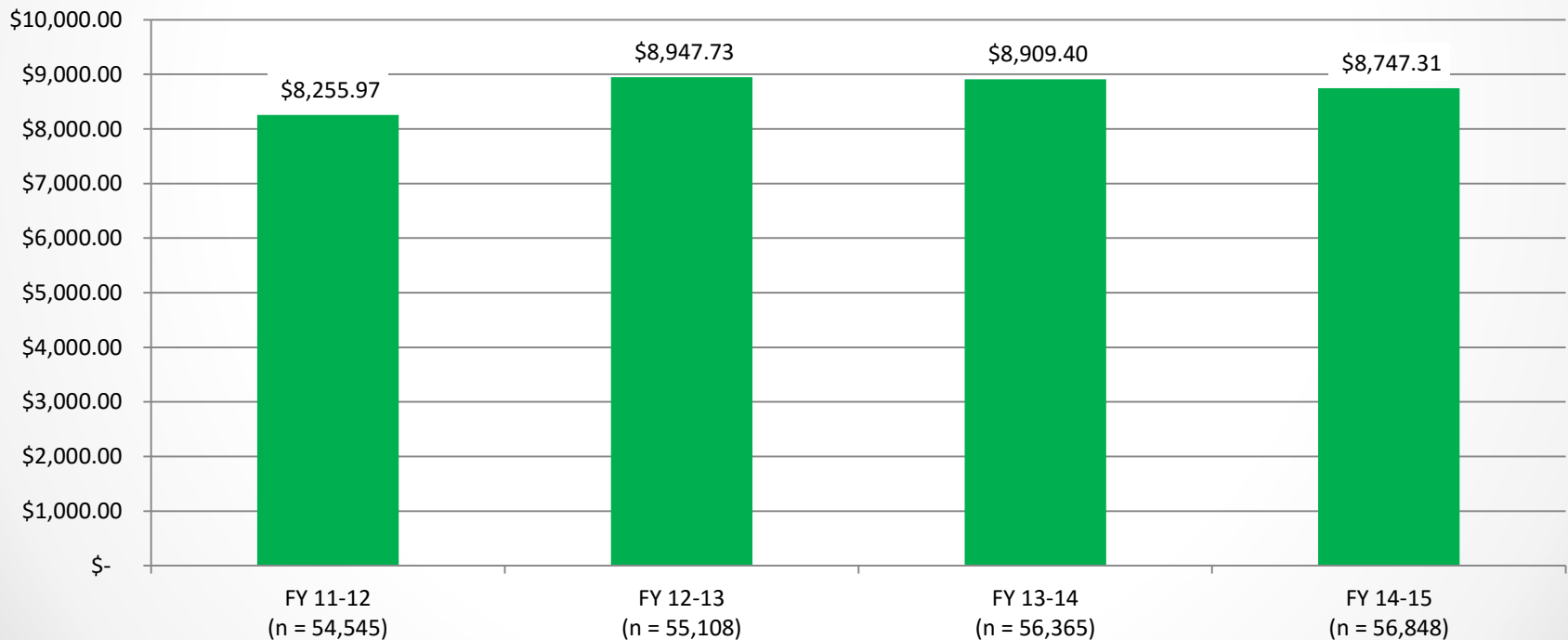
1. Children with an open Child Welfare Case
2. Children in foster care

Analysis consisted of:

→examination of mental health service utilization as assessed through Short Doyle/Medi-Cal II claims data.

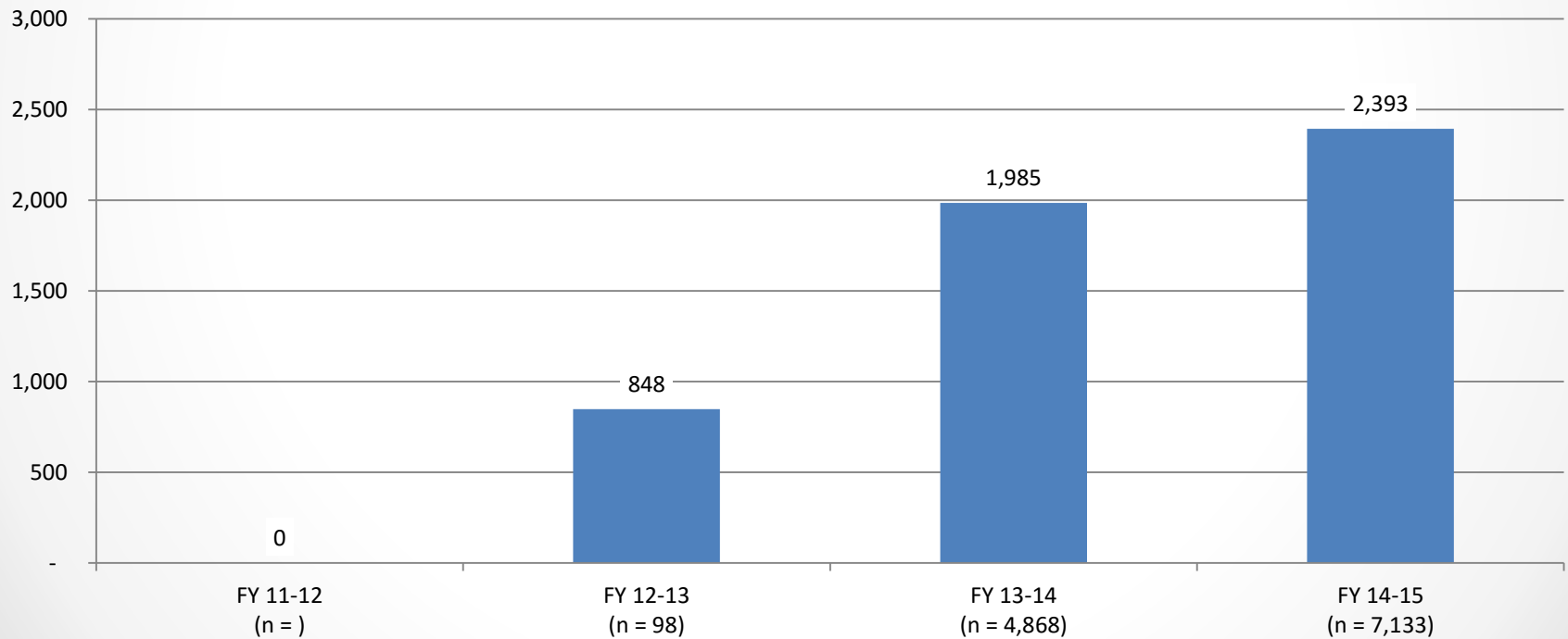
Total Approved SMHS Spending

**Total Approved Per Unique Beneficiary
By Service Fiscal Year**



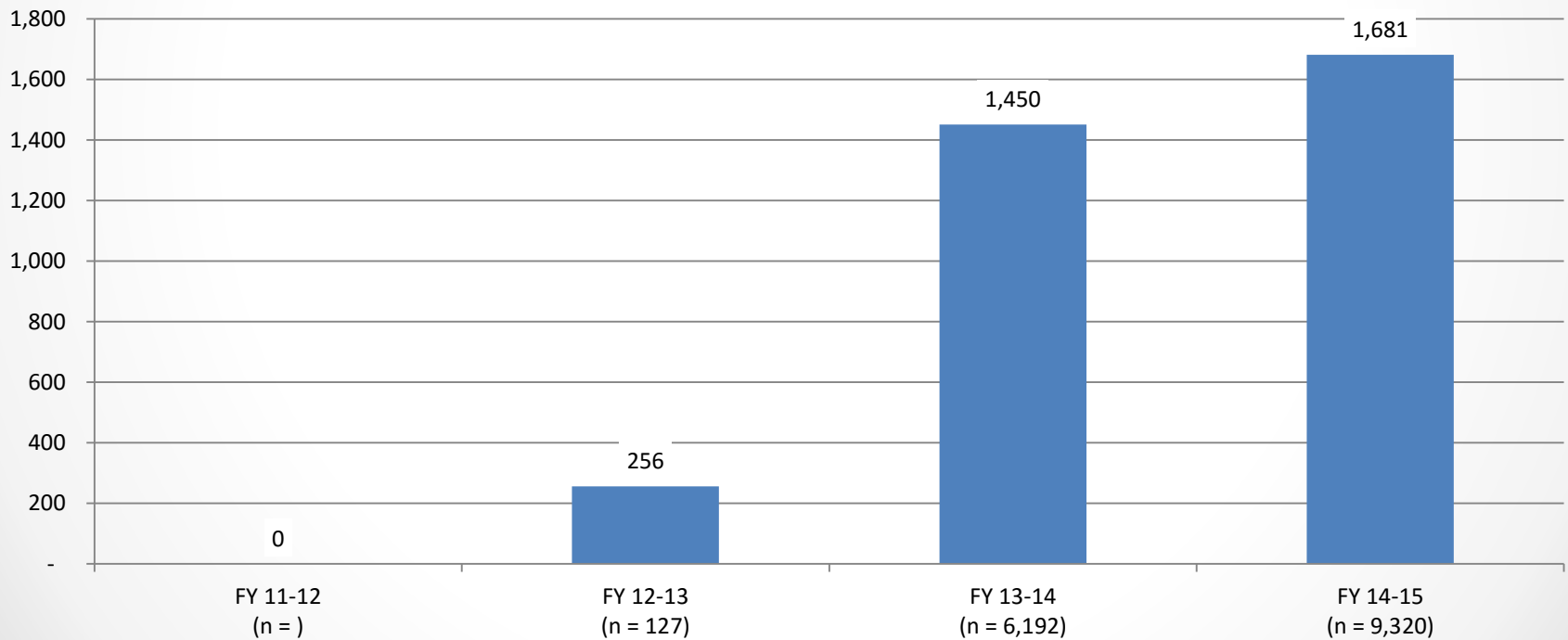
Intensive Home Based Services

**IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year**



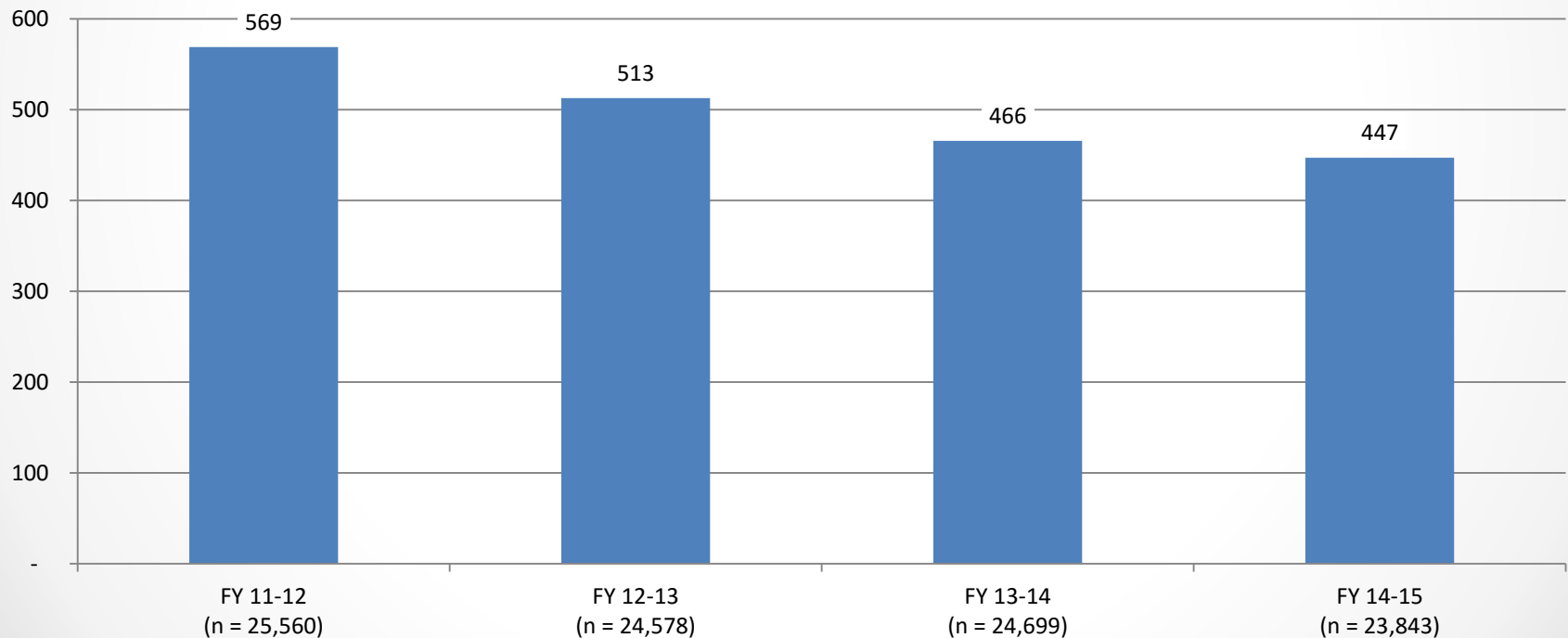
Intensive Care Coordination

**ICC Minutes Per Unique Beneficiary
By Service Fiscal Year**



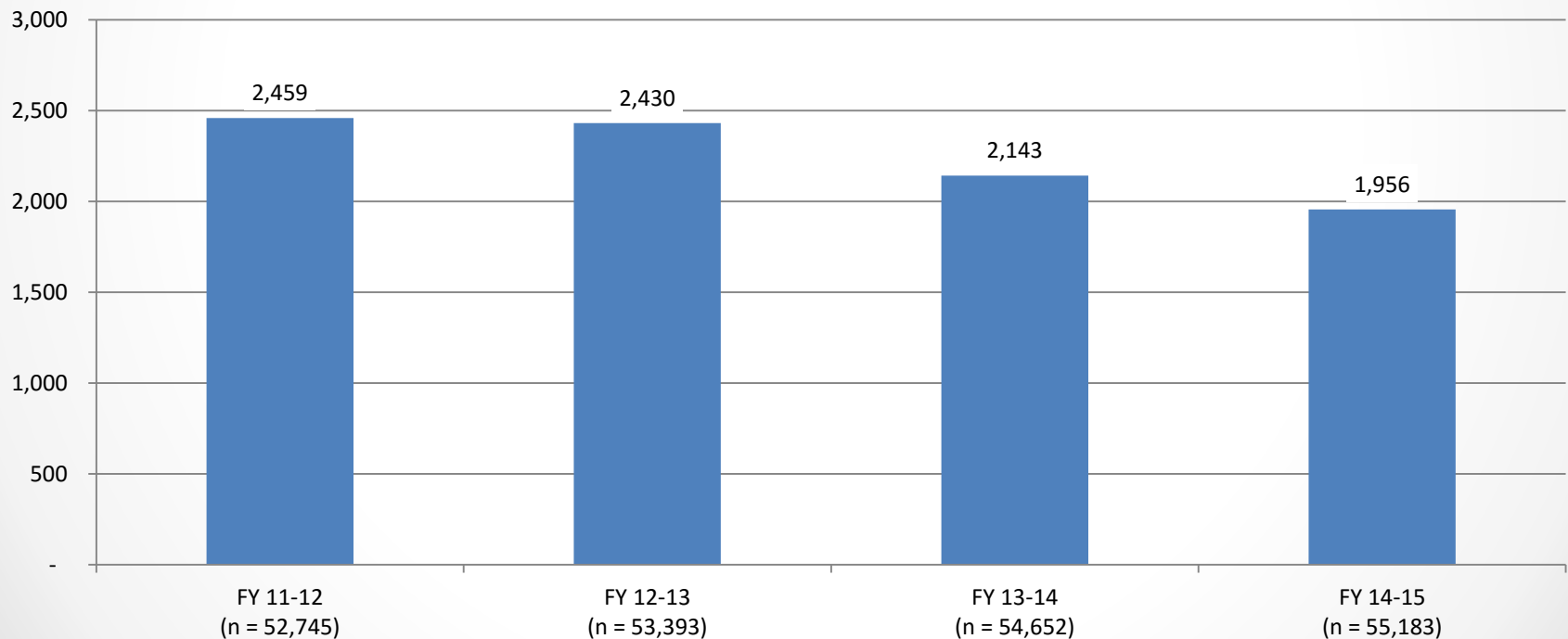
Case Management/Brokerage

**Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year**



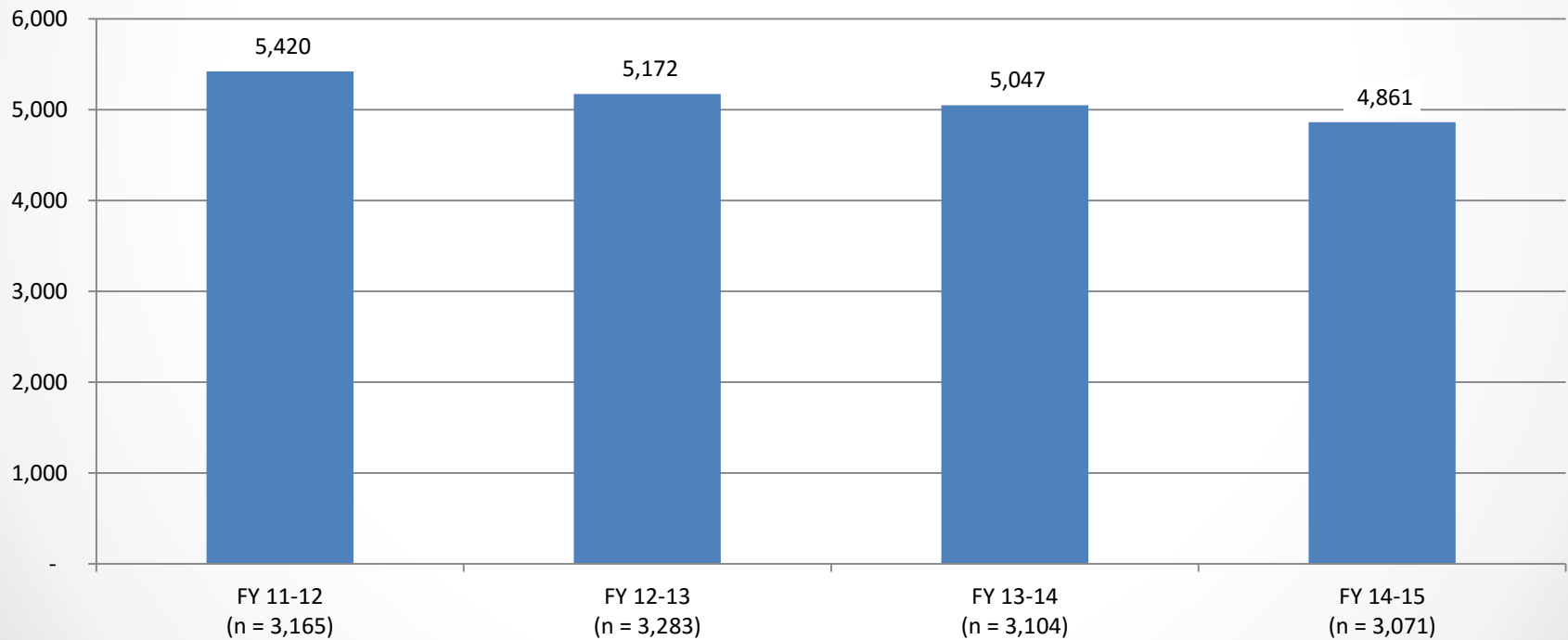
Mental Health Services

**Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



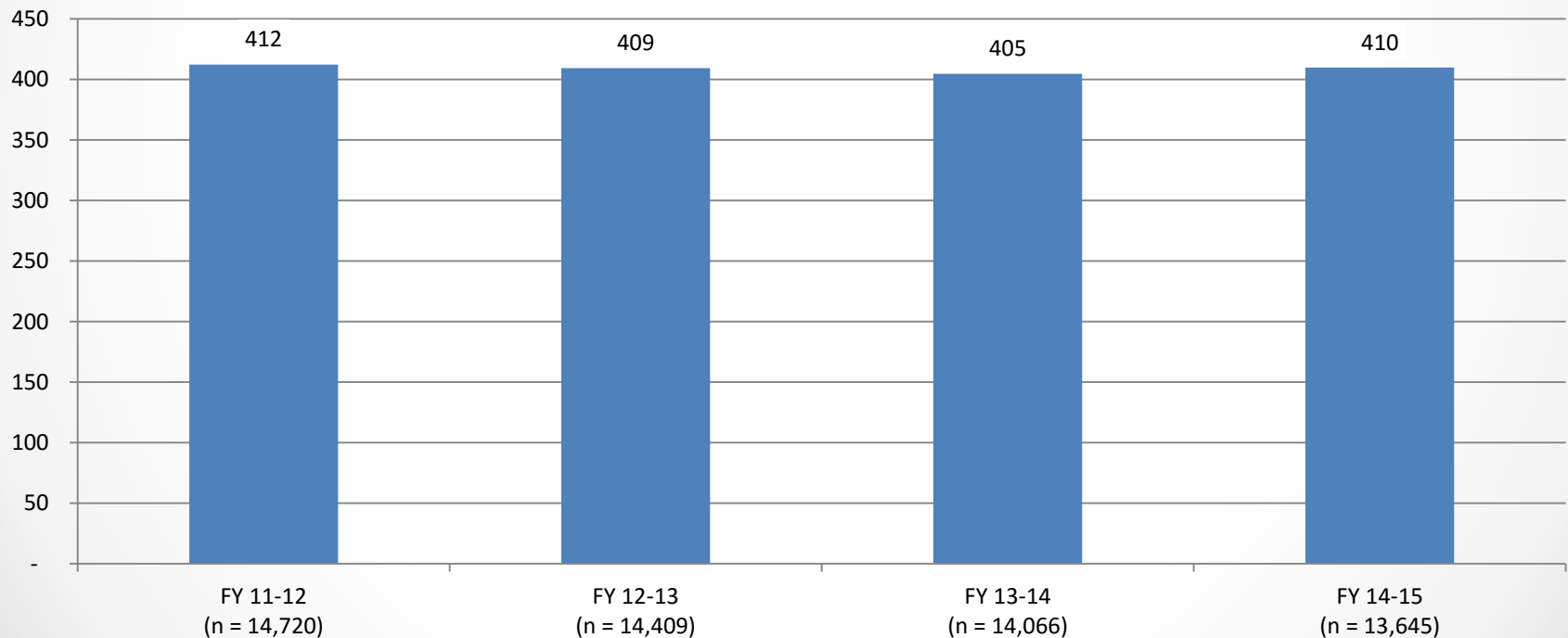
Therapeutic Behavioral Services

**Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



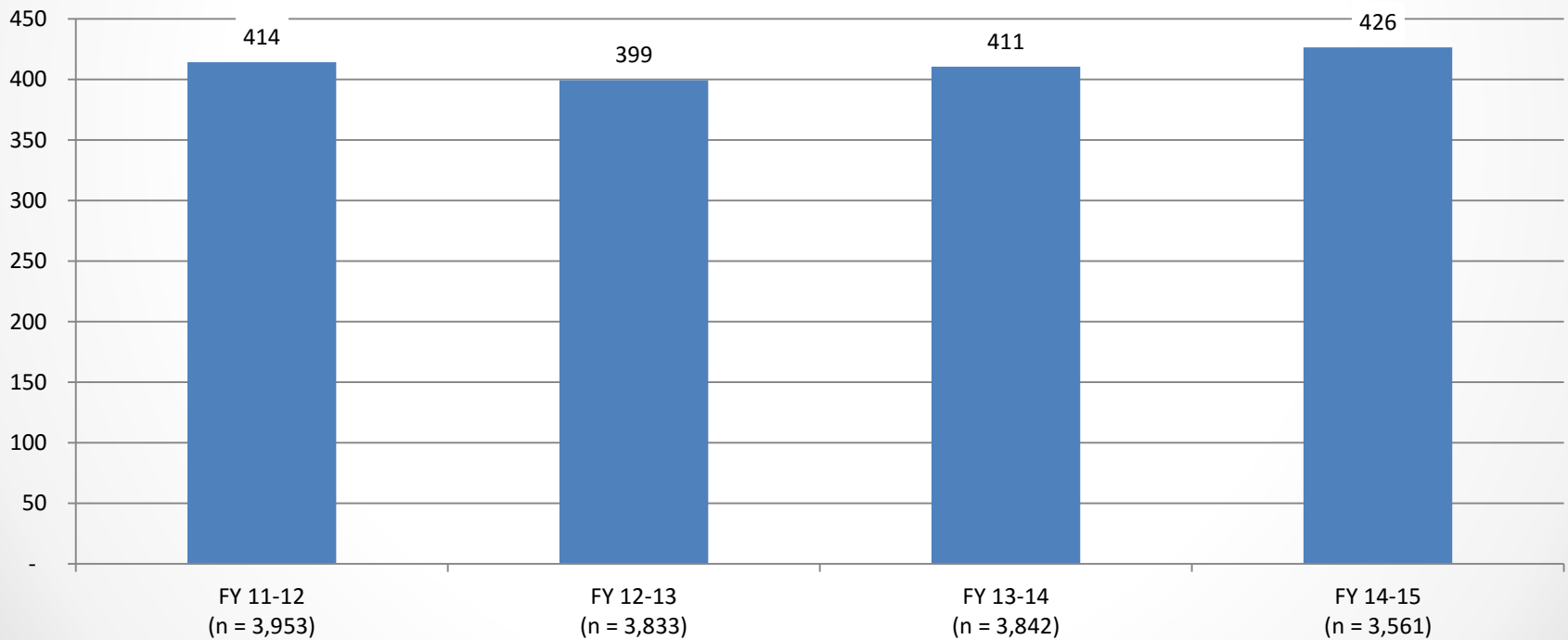
Medication Support Minutes

**Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



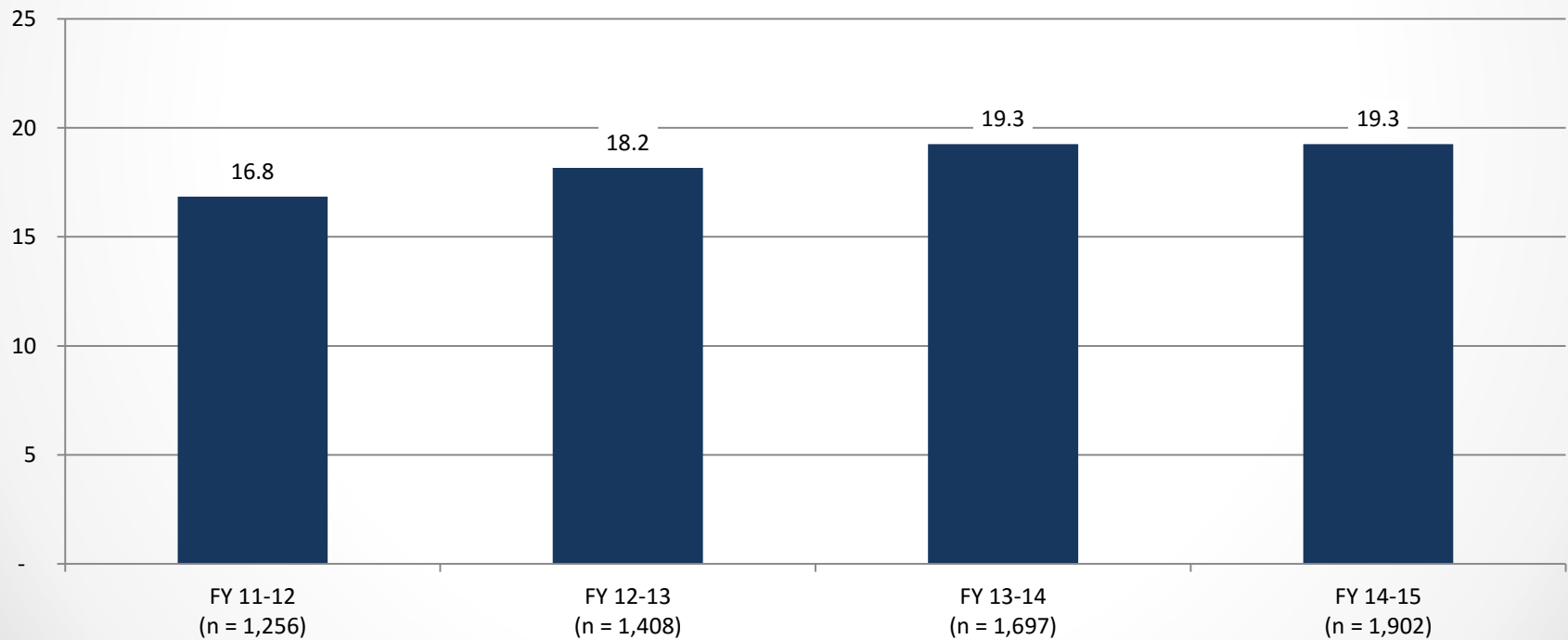
Crisis Intervention

**Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year**



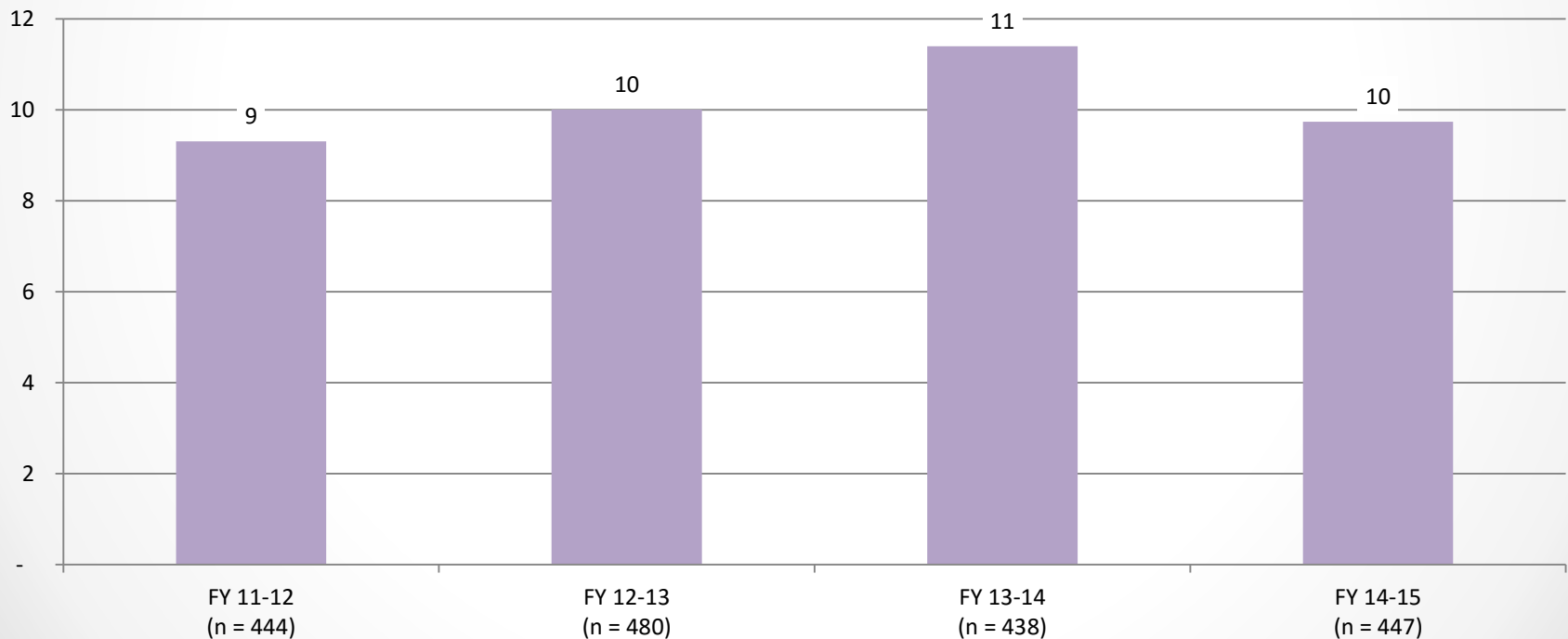
Crisis Stabilization

**Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year**



Hospital Inpatient Days

**Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year**



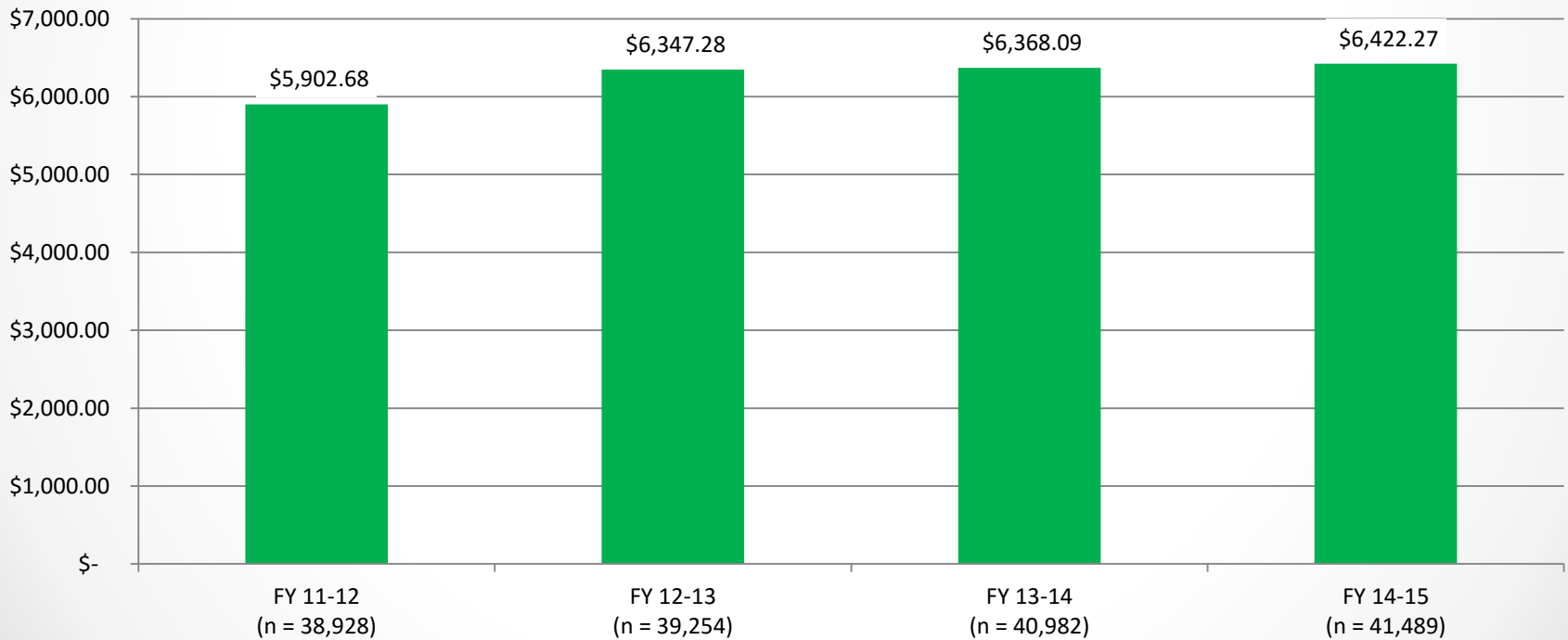
Children/Youth in Foster Care

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September 2016 Performance Outcome System Statewide
Report

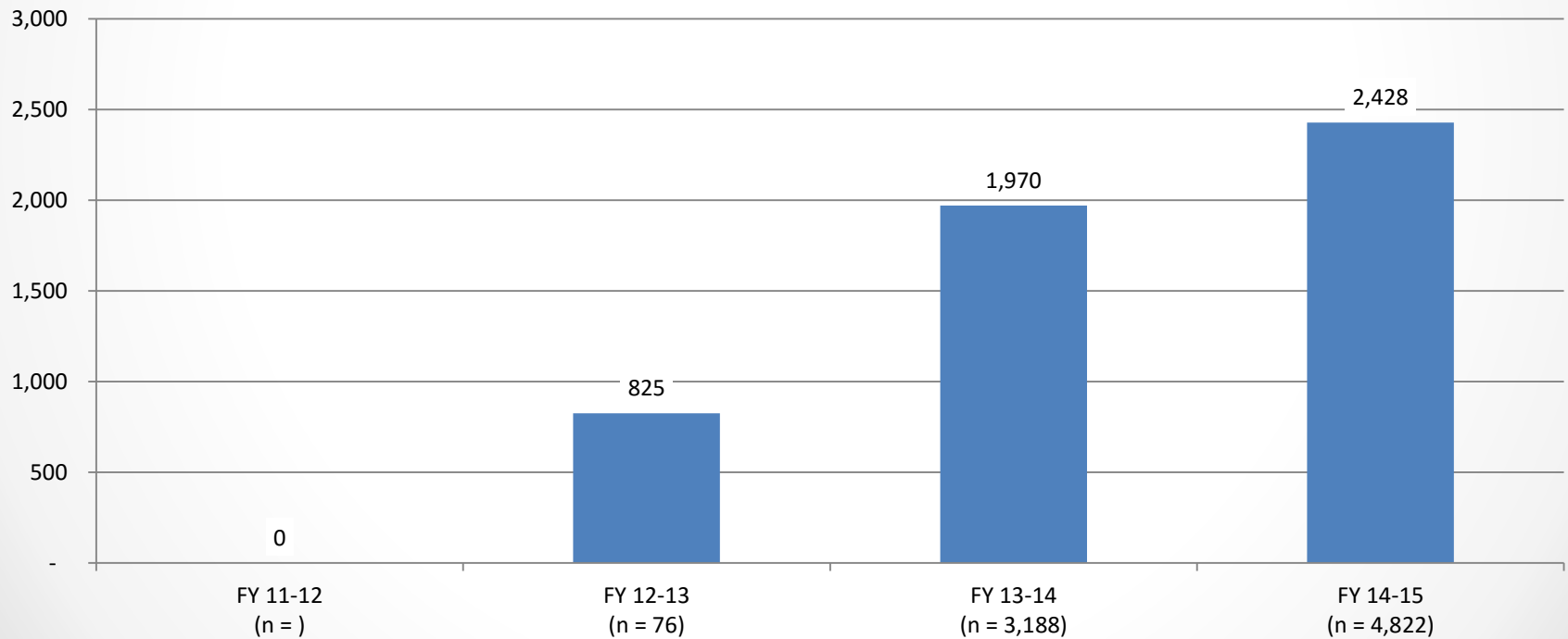
Total Approved SMHS Spending

**Total Approved Per Unique Beneficiary
By Service Fiscal Year**



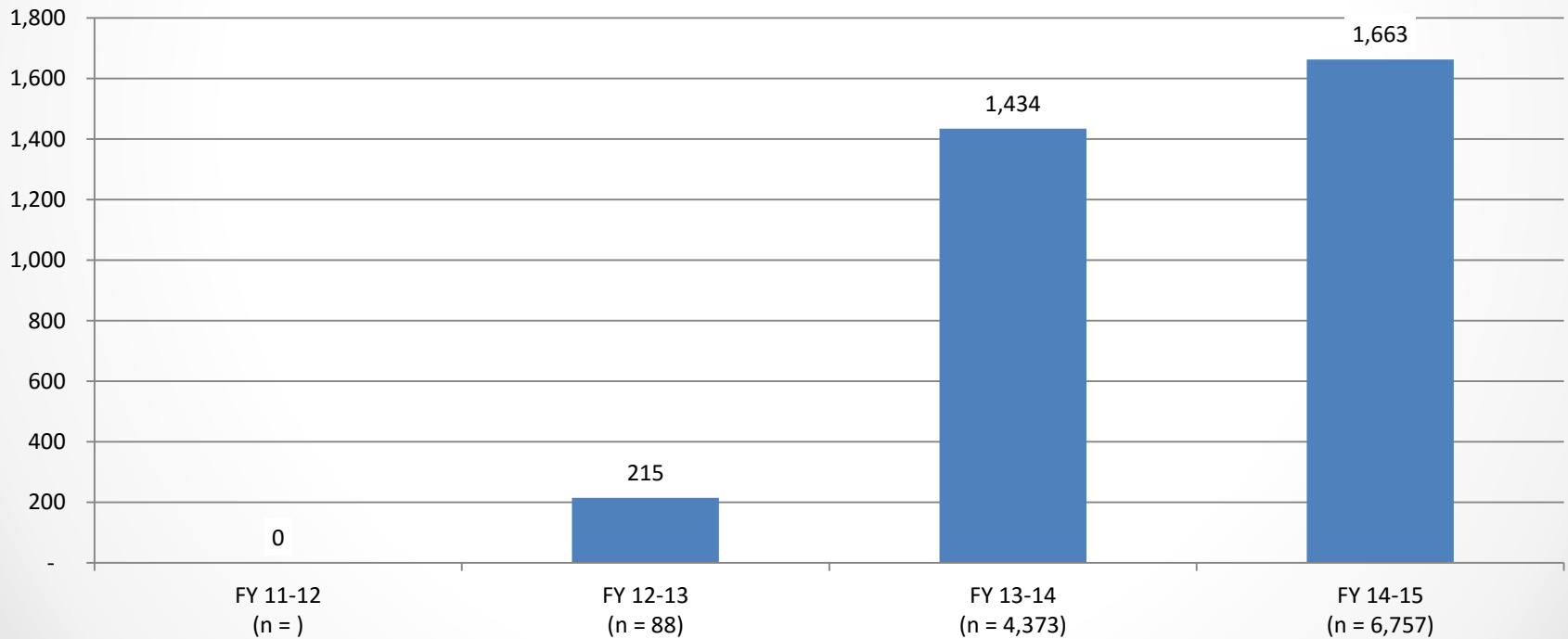
Intensive Home Based Services

**IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year**



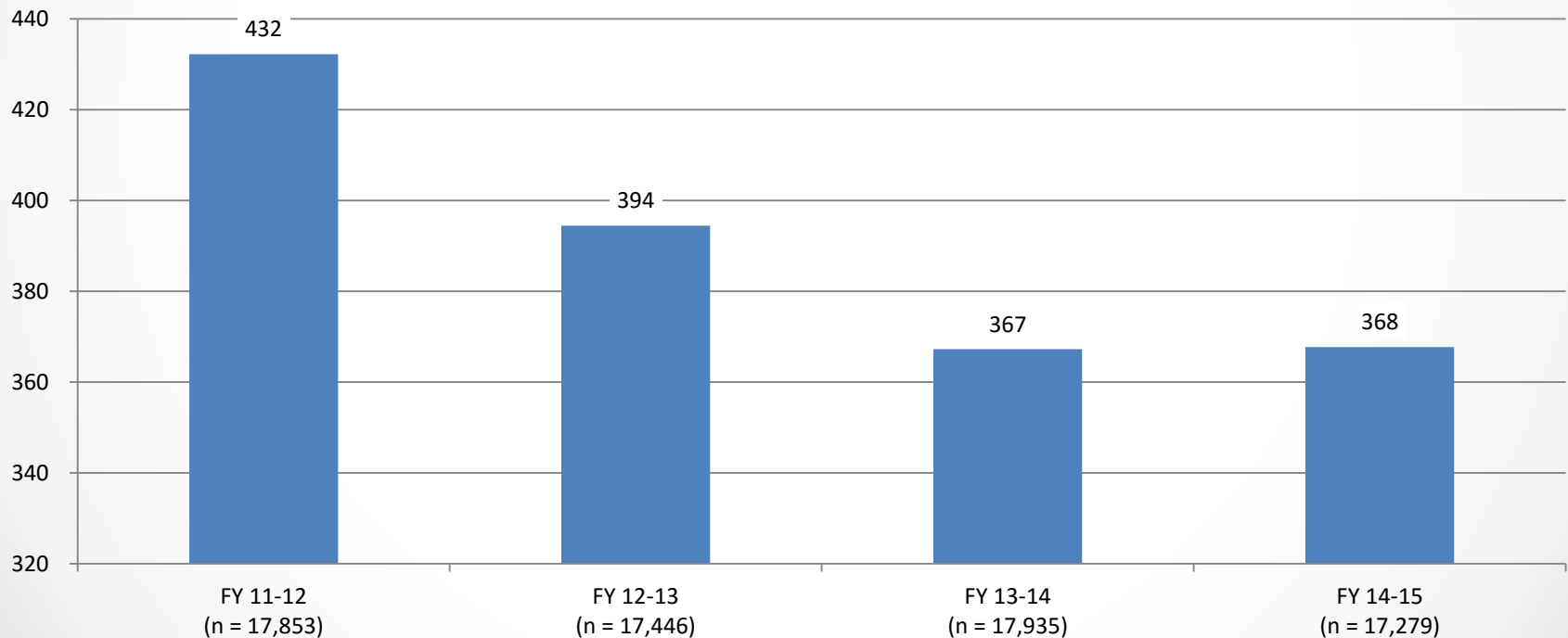
Intensive Care Coordination

**ICC Minutes Per Unique Beneficiary
By Service Fiscal Year**



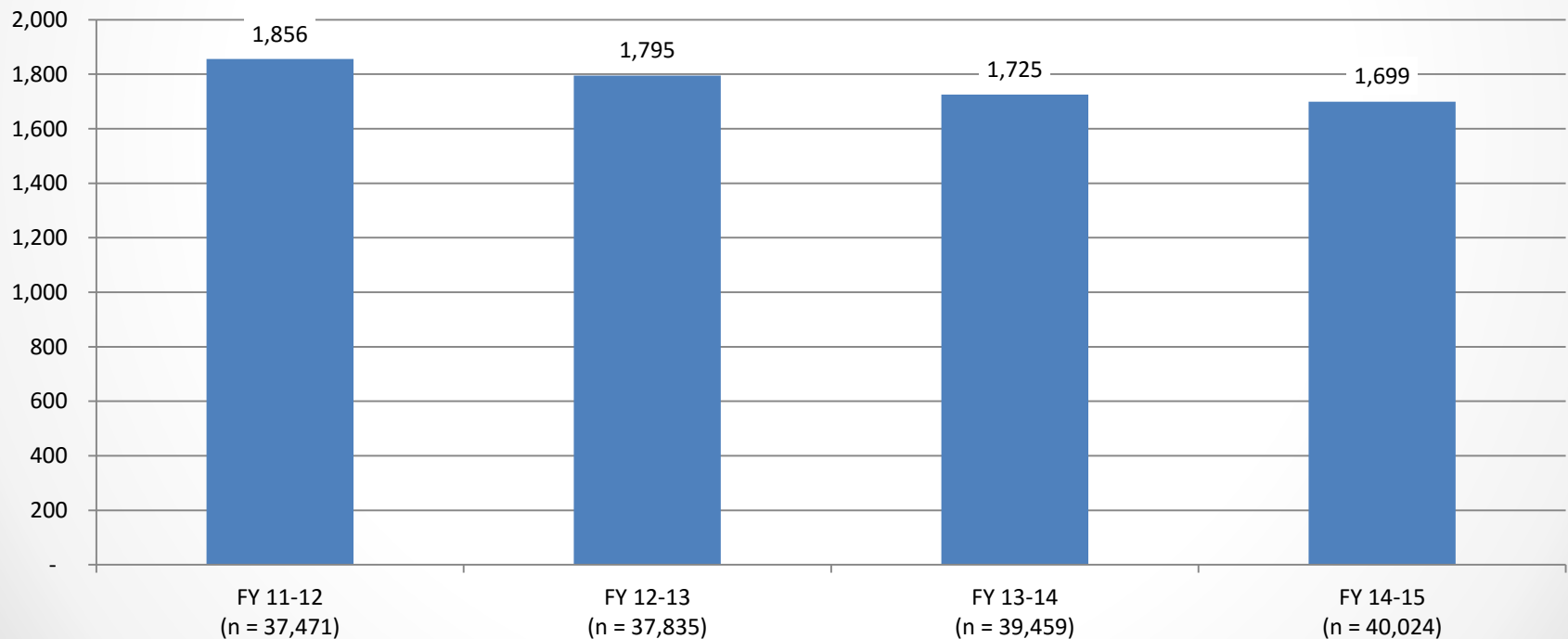
Case Management/Brokerage

**Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year**



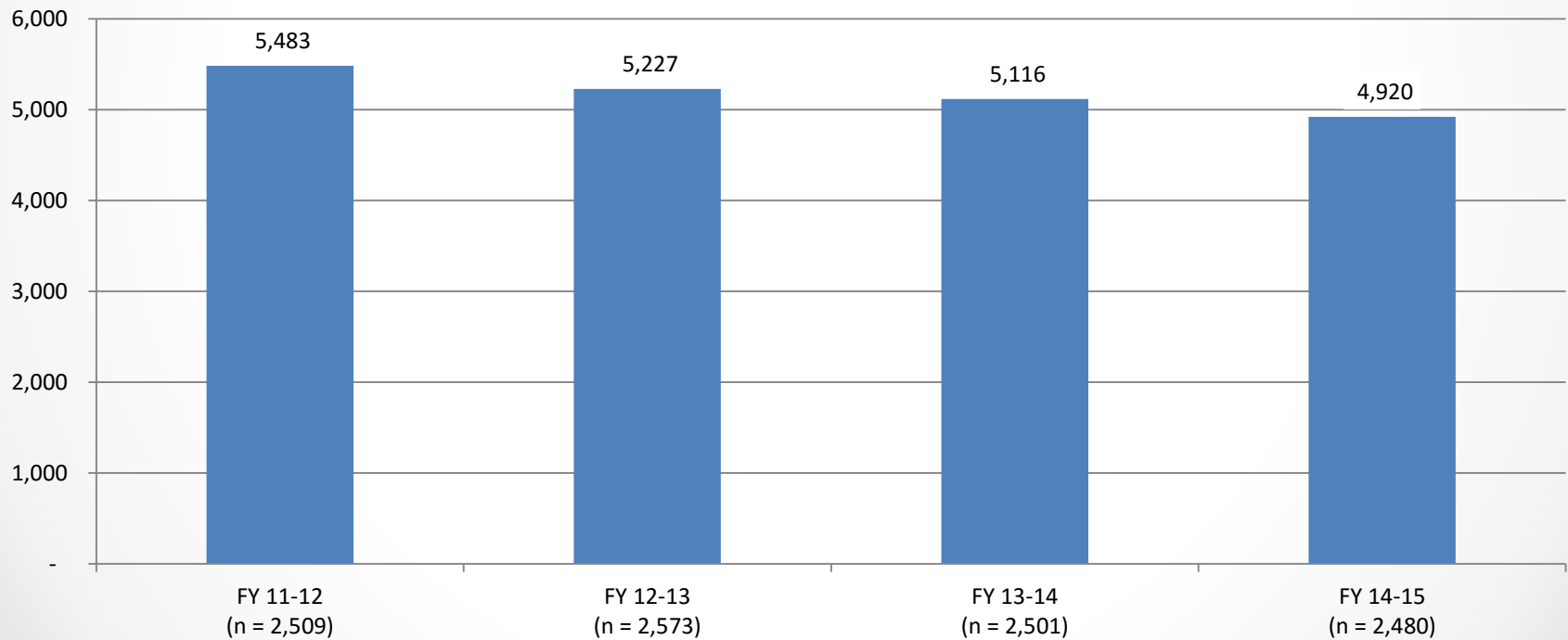
Mental Health Services

**Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



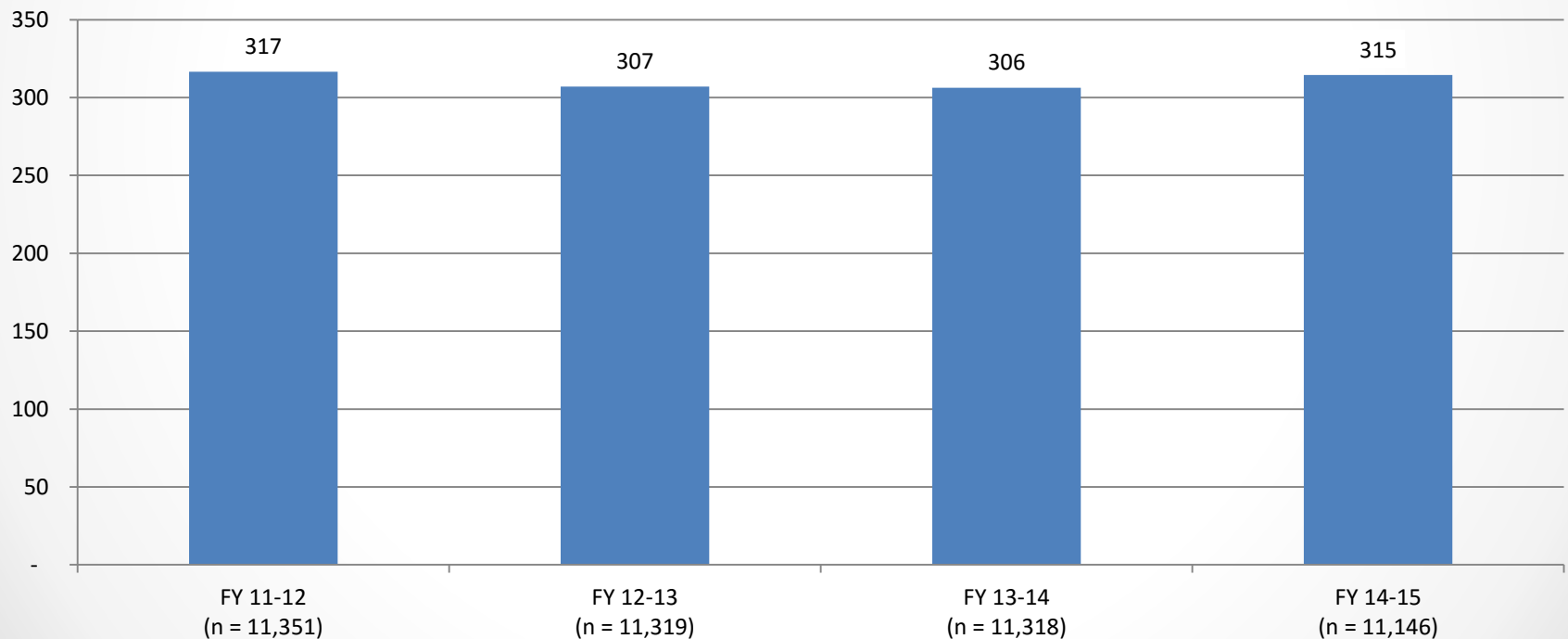
Therapeutic Behavioral Services

**Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



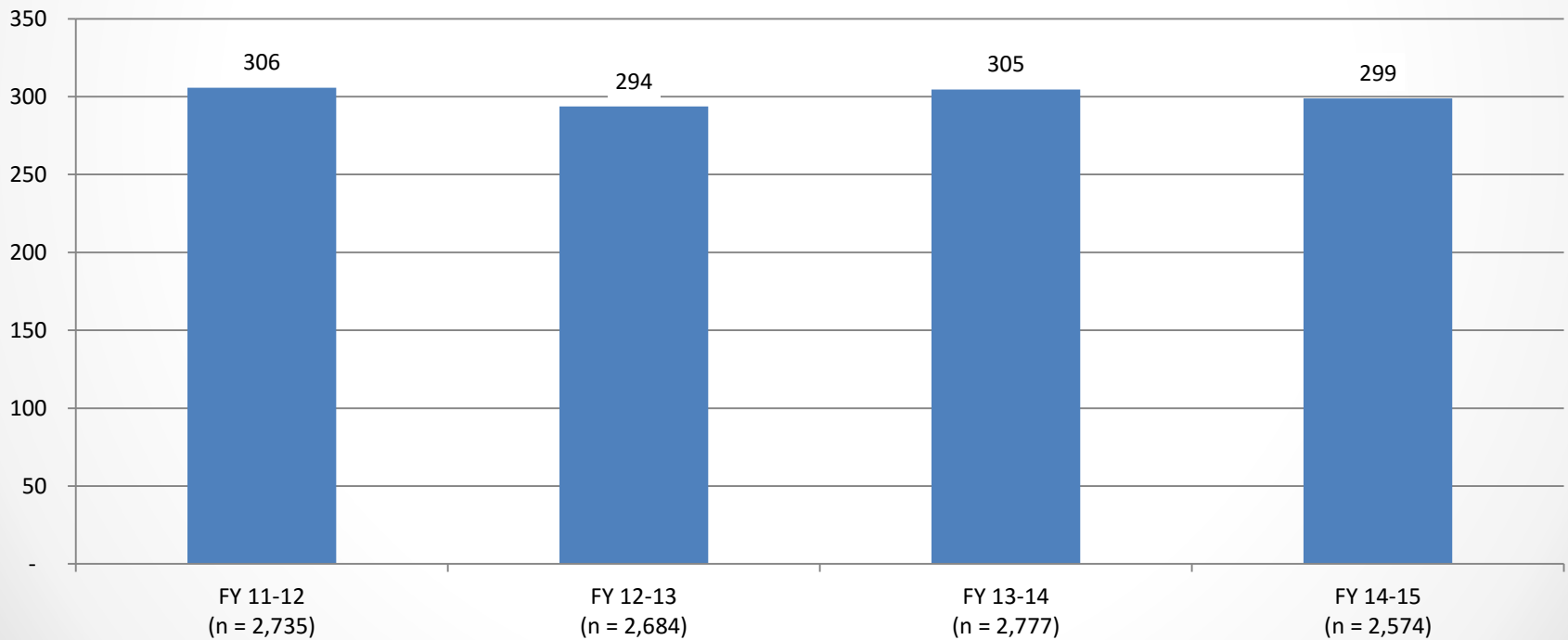
Medication Support Minutes

**Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year**



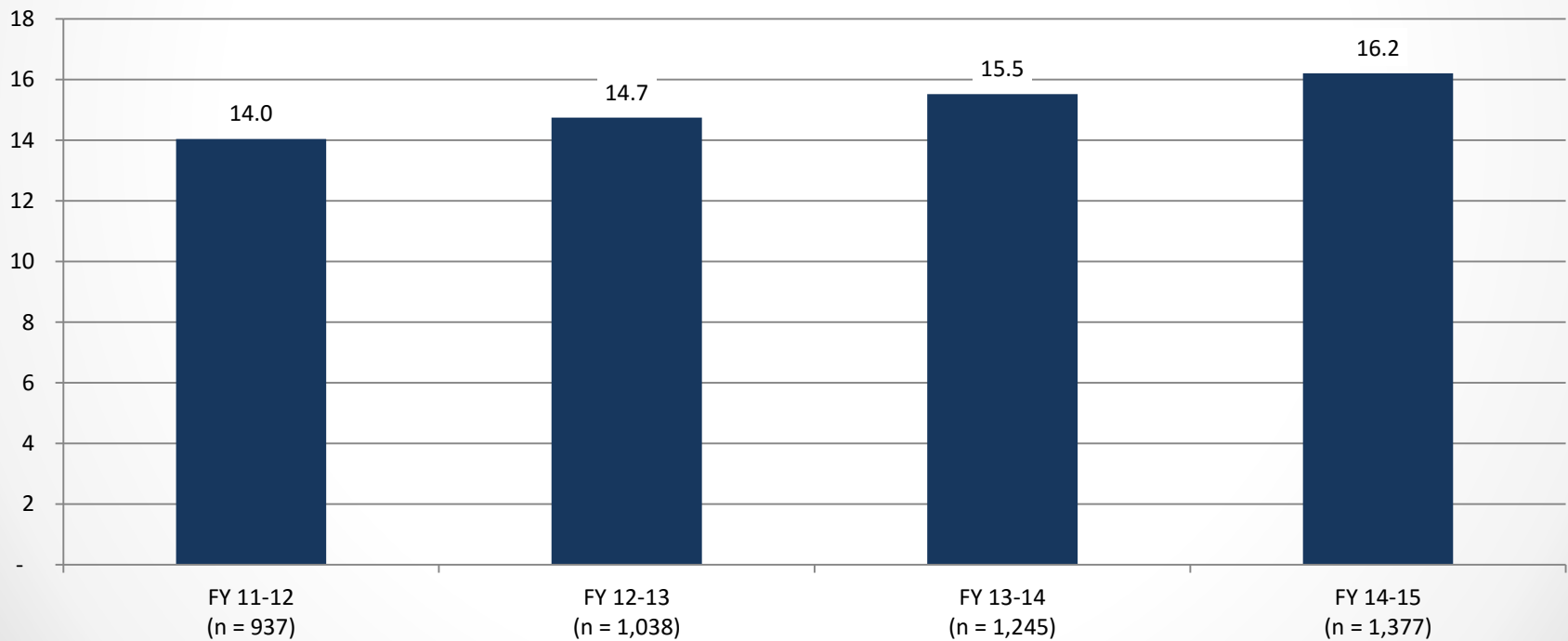
Crisis Intervention

**Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year**



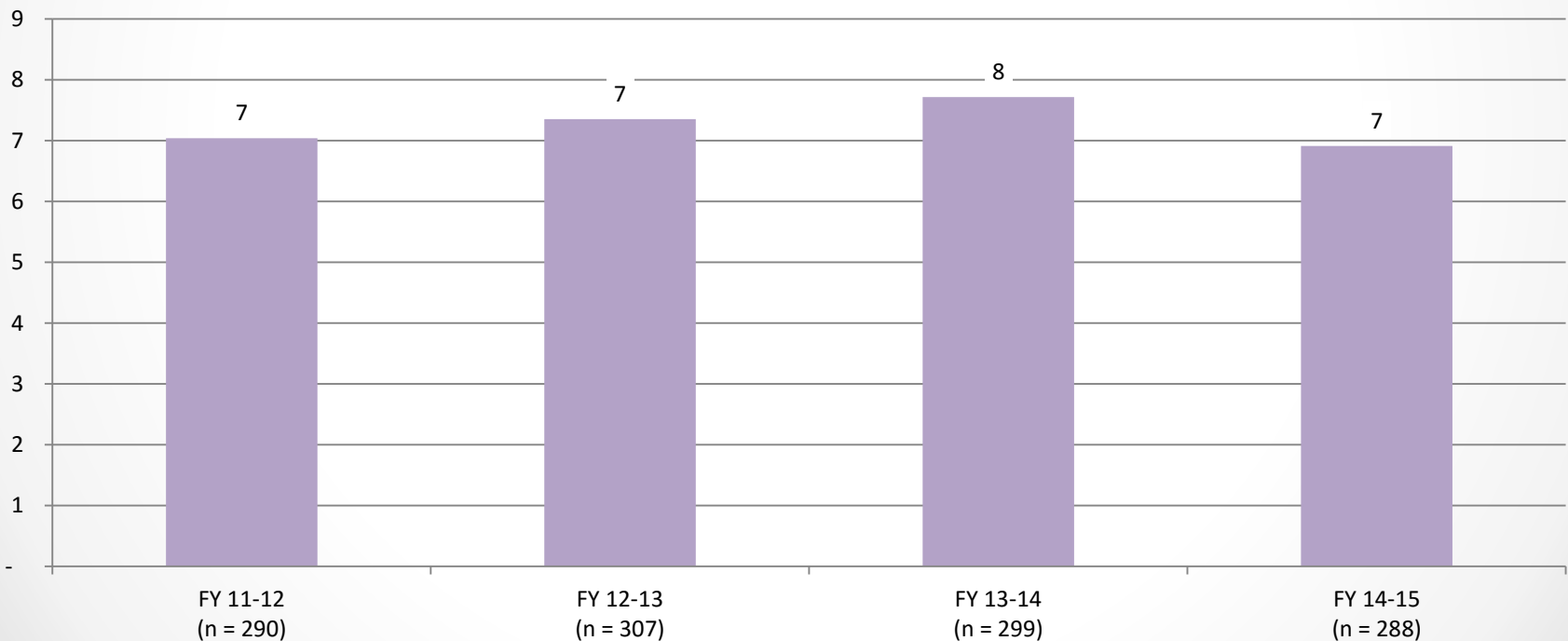
Crisis Stabilization

**Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year**



Hospital Inpatient Days

**Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year**



Additional Information

- These reports are available at:
<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>
- Information on the methodology, including detailed descriptions of each of the mental health services to be covered today, is available in the Measures Catalog which is available here:
http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

THANK YOU



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